
SENATE COMMITTEE ON HEALTH

Senator Dr. Akilah Weber Pierson, Chair

BILL NO: SB 1088
AUTHOR: Blakespear
VERSION: March 17, 2026
HEARING DATE: April 8, 2026
CONSULTANT: Teri Boughton

SUBJECT: Health care decisions: life-sustaining treatment

SUMMARY: Brings consistency in authorized signatories for requests regarding resuscitative measures, allows electronic signatures on Physician Orders for Life Sustaining Treatment forms (POLST), recognizes out-of-state requests regarding resuscitative measures to the same extent as a POLST executed in California, requires POLSTs to be dated, and where there are two POLSTs, the dated form to be considered most recent. Requires requests regarding resuscitative measures to be voluntary. Allows a physician or other health care provider to assume a request regarding resuscitative measures is valid and unrevoked.

Existing law:

- 1) Establishes the Commission on Emergency Medical Services, which is a 19-member body in the California Health and Human Services Agency that reviews and approves regulations, standards, and guidelines to be developed by the Emergency Medical Services Authority (EMSA), and advises on communications, equipment, training, facilities and other components of the EMS system. [HSC §1799-1799.8]
- 2) Establishes an “Advance Health Care Directive” (AHCD), which gives an individual the right to give instructions about their physical and mental health care and name another individual to act as an agent to make health care decisions for the individual. [PROB §4000-4071]
- 3) Defines “request regarding resuscitative measures” as a written document signed by an individual with capacity, or a legally recognized health care decisionmaker, and the individual’s physician, that directs a health care provider regarding resuscitative measures. This request is not an AHCD. Indicates a request regarding resuscitative measures can be a prehospital “do not resuscitate form” (DNR) or a POLST. [PROB §4780]
- 4) Establishes POLST and authorizes a legally recognized health care decisionmaker to execute the POLST order only if the individual lacks capacity, or the individual has designated a decisionmaker, as specified. Establishes the POLST eRegistry Act administered by EMSA. [PROB §4780-4786 and HSC §1860-1863]
- 5) Defines “POLST” as a form that is a request regarding resuscitative measures that directs a health care provider regarding resuscitative and life-sustaining measures. Requires POLST to be completed by a health care provider based on patient preferences, and signed by a physician, nurse practitioner, or physician assistant acting under the supervision of the physician. [HSC §1861 and PROB §4780]
- 6) Prohibits an employer from having policies interfering with an employee who voluntarily provides EMS to a person, except that policies are permitted when a person has expressed the

desire to forgo resuscitation or other medical interventions through legally recognized means such as a POLST, AHCD, or a legally recognized decisionmaker. [HSC §1799.103]

- 7) Defines “surrogate” as an adult, other than a patient’s agent or conservator, authorized to make a health care decision for the patient. Permits a patient to designate a surrogate during treatment or a stay in the institution by personally informing the supervising health care provider or designee of the health care facility. Requires this to be documented in the patient’s medical record. Allows a health care provider or facility, for a patient who lacks capacity to make health care decisions and who has no legally recognized health care decision maker, to choose a surrogate, as specified. [PROB §4643, §4711, and §4712]
- 8) Establishes an interdisciplinary team to oversee the care of a skilled nursing facility or intermediate care facility when a resident lacks capacity to make a health care decision and there is no person with legal authority to make those decisions on behalf of the resident. [HSC §1418.8]
- 9) Allows a long-term care public patient representative to participate in an interdisciplinary team review of a decision that would directly or inexorably lead to death of a patient through the creation or revision of POLST, DNR, comfort care orders, and elections of hospice care. [WIC §9270]
- 10) Defines “electronic signature” in the Uniform Electronic Transactions Act as an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record. Indicates a digital signature is a type of electronic signature. Permits the use of digital signatures in written communication with a public entity by any party to the communication if it is compliance with the law, as specified. [CIV §1633.2 and GOV §16.5]
- 11) Defines “digital signature” as an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature. [GOV §16.5]

This bill:

- 1) Replaces the terms “Physician Orders for Life Sustaining Treatment” form with “POLST or Portable Orders Listing Scope of Treatment” form.
- 2) Allows the following individuals to be signatories on a “request regarding resuscitative measures:” a health care agent, conservator, or surrogate, nurse practitioner, or physician assistant acting under the supervision of the physician.
- 3) Replaces the term “legally recognized health care decisionmaker” with “health care agent, conservator, or surrogate,” to describe who may execute a POLST.
- 4) Defines “surrogate” as the term exists in specified existing law and includes an individual authorized to act on behalf of a facility’s interdisciplinary team in overseeing the care of a resident, as specified.
- 5) Requires an electronic signature to be sufficient for any signature required for a request regarding resuscitative measures.

- 6) Requires the POLST form to contain the date the document was signed by the health care provider and the patient, or their health care agent, conservator, or surrogate. Clarifies that a form without a date is not invalid, however requires, if there are a dated and undated form, the dated form to be treated as more recent.
- 7) Requires a request regarding resuscitative measures in any form to be entirely voluntarily and prohibits the provision of care or admission to a facility from being conditioned on completion of or refusal to complete a POLST form or DNR order.
- 8) Requires a request regarding resuscitative measures or substantially similar instrument executed in another state or jurisdiction in compliance with the laws of that state or jurisdiction or of this state to be valid and enforceable in California to the same extent as a POLST form validly executed in California.
- 9) Allows in the absence of knowledge to the contrary, a physician or other health care provider to presume a request regarding resuscitative measures, whether executed in another state or jurisdiction or in California, to be valid and unrevoked.

FISCAL EFFECT: This bill is keyed non-fiscal.

COMMENTS:

- 1) *Author's statement.* According to the author, people should have control over the end of their lives and the care they receive, even if they are unconscious. This bill updates the name of POLST—from Physician Orders for Life Sustaining Treatment to Portable Orders Listing Scope of Treatment—in recognition that nurse practitioners and physician assistants can sign them. It also creates a presumption that POLST and prehospital DNRs from out-of-state are valid the same way as are out-of-state advance directives. Finally, it allows electronic signatures to help the transition to a statewide electronic POLST registry. By aligning advance care directives, POLSTs, and prehospital DNRs, this bill ensures there are no ambiguities or uncertainties about end-of-life care.
- 2) *POLST.* According to EMSA, POLST is approved by EMSA and the Commission on EMS and was developed by the Coalition for Compassionate Care of California (CCCC). POLST is a medical order that gives seriously ill patients more control over their care by specifying the type of medical treatment a patient wishes to receive at the end of life. The EMSA approved POLST must be signed and dated by a physician, nurse practitioner, or physician assistant acting under the supervision of the physician, and the patient or legally recognized health care decisionmaker, and should be clearly posted or maintained near the patient. It is recommended that POLST be copied on bright pink paper to help ensure that the document stands out and is followed, however any color is valid. The POLST form is available for free on EMSA's website.
- 3) *DNR.* EMSA states that the prehospital DNR is an official document developed by EMSA, in concert with the California Medical Association (CMA), and EMS providers, for the purposes of instructing EMS personnel regarding a patient's decision to forgo resuscitative measures in the event of cardiopulmonary arrest. Resuscitative measures to be withheld include chest compressions, assisted ventilation, endotracheal intubation, defibrillation, and drugs which stimulate the heart. The form does not affect the provision of life sustaining measures such as artificial nutrition or hydration or the provision of other emergency medical care, including treatment for pain, difficulty breathing, major bleeding, or other medical

conditions. The DNR must be signed by the patient or by the patient's legally recognized health care decisionmaker if the patient is unable to make or communicate informed health care decisions. The patient's physician must also sign the form, affirming that the patient/legally recognized health care decisionmaker has given informed consent. The DNR should be clearly posted or maintained near the patient. The DNR form is available to order for a small cost on the CMA's website.

- 4) *POLST eRegistry.* EMSA indicates that the POLST eRegistry Request for Offer was awarded on March 14, 2025, to SeviceNow for the POLST platform, which is an enterprise service platform that will be used by all EMSA programs. EMSA has also established a POLST Advisory Committee to ensure that seriously ill patients can make their wishes known about life-sustaining treatment and have those wishes honored.
- 5) *Double referral.* This bill has been double referred. Should it pass out of this committee, it will be referred to the Senate Committee on the Judiciary.
- 6) *Prior legislation.* AB 118 (Committee on Budget, Chapter 42, Statutes of 2023) removes a requirement to incorporate the AHCD Registry into the POLST eRegistry.

AB 133 (Committee on Budget, Chapter 143, Statutes of 2021) establishes the California POLST Registry including AHCD Registry and appropriates \$10 million General Fund (GF) to EMSA to support the planning, development, and implementation of a statewide POLST eRegistry. Indicates the \$10 million appropriation shall not fully fund implementation, maintenance, or operations costs, and the funding shall be used after Project Approval Life Cycle planning approval by the Department of Technology. Appropriates \$750,000 GF annually to EMSA for state operations to prepare for and support the POLST eRegistry, including promotion of POLST quality, education, training, outreach and adherence of quality standards.

SB 19 (Wolk, Chapter 504, Statutes of 2015) requires EMSA to establish and operate a California POLST eRegistry pilot to collect POLSTs and disseminate information to authorized users.

AB 637 (Campos, Chapter 217, Statutes of 2015) adds nurse practitioners and physician assistants acting under supervision of the physician to create a valid POLST.

AB 3000 (Wolk, Chapter 266, Statutes of 2008) establishes POLST form which directs a health care provider as to the resuscitative and life-sustaining measures selected by a patient concerning the end of life and requires health care providers to treat individuals in accordance with their POLST across all healthcare settings.

- 7) *Support.* This bill's sponsor, CCCC, intends for this bill to correct misunderstandings and misalignments with advance care planning tools such as the AHCD, prehospital DNR, and POLST. According to CCCC, this bill aligns these tools by recognizing the role of nurse practitioners and physician assistants in end-of-life and other crisis decisions making and allowing them to sign prehospital DNR orders as well as POLST. CCCC writes this bill renames POLST to better reflect the range of authorized signing providers and its broad purpose in specifying treatments beyond life-sustaining or end-of-life care, more clearly identifies which surrogates and authority apply when signing a POLST on behalf of an incapacitated patient, and, ensures continuity of care across state lines by creating a

presumption of validity for POLST or DNR executed out of California. The California Association of Health Facilities writes this bill puts patients first by reducing confusion, strengthening continuity of care, and ensuring that person's medical wishes are honored when they matter most. The California Academy of Family Physicians believes this bill ensures patients' wishes are honored, facilitates informed decision-making, and enables physicians, patients, and families to collaborate in providing compassionate, patient-centered care at the end of life. Alzheimer's Los Angeles, Orange County, and San Diego write that a POLST plays an important role in ensuring that people with Alzheimer's and other dementias can get the care that they want and prevent them from getting treatments they do not want.

- 8) *Support if amended.* The California Association of Clinical Nurse Specialists (CACNS) requests an amendment to include Clinical Nurse Specialists, acting within their scope of practice, to be explicitly authorized to sign POLST forms. CACNS writes that Clinical Nurse Specialists bring the same and often greater education and clinical expertise as other advanced practice roles included in this bill.

SUPPORT AND OPPOSITION:

Support: Coalition for Compassionate Care of California (sponsor)
 Alliance of Catholic Health Care
 Alzheimer's Greater Los Angeles
 Alzheimer's Orange County
 Alzheimer's San Diego
 California Academy of Family Physicians
 California Association of Health Facilities
 California Association of Long-Term Care Medicine
 California Catholic Conference
 My Directives, Inc.
 Four individuals

Oppose: None received

-- END --